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POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) Declaration Submitted with Declaration Submitted after Initial Filing OR OR OR OR OR OR OR O	DECI	Attorney Dod	cket Number	END-5042					
PATENT APPLICATION (37 CFR 1.63) Declaration Submitted with initial Filing Record Declaration Submitted with initial Filing Record Declaration Submitted with initial Filing Record Declaration Submitted with initial Filing (Surcharge (37 CFR 1.16(e)) required) Filing Date November 24, 2003 Filing Date Not assigned Examiner Name Not assigned Examiner Na		OF ATTORNEY		First Named					
Declaration Submitted with Initial Filing Date Declaration Submitted after Initial Filing Surcharge G7 GFR 1.19(e)) required) Filing Date November 24, 2003					COMPLE	TE IF KNOWN			
Initial Filing OR Initial Filing (Surcharge (37 CFR 1.16(e)) required) Rovember 24, 2003 Group Art Unit		CFR 1.63) Declaration Subnor Initial Filing (Su	ırcharge	Application N	Number				
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD FOR MONITORING OF MEDICAL TREATMENT USING PULSE ECHO ULTRASOUND (Title of the Invention) The specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filling date of the prior application and the national or PCT international filling date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which Priorify is claimed. Prior Foreign Filing Date Priority Not Claimed Priority Not Claimed Priority Attached? YES NO				Filing Date		November 24, 2003			
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	Application	Country				ed Attached?			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:	Additional foreign carell	notion numbers are liste	dongover			TO(SP/02B etteched basels			

DECLARATION - Utility or Design Patent Application								
I hereby claim the benefit under 35 U.S.C	. 119(e) of any United States provisional a	pplication(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:								
Application Serial No.	Filing Date	Status						
10/153,241	May 22, 2002	Patented Patented Patented						
I hereby appoint:								
Practitioners at Customer Number	Place Customer Number Bar Code Label Here							
Practitioner(s) named below: Name Registration Number								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Address all telephone calls to Verne E. Kreger, J	r. at telephone number (513) 337-3295.							
Customer Number Direct all correspondence to:								
Address:								
Address:								
City:	State:	ZIP						
Country	Telephone:	Fax: (513) 337-8489						

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	☐ A pe	etition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) T. Douglas		Family Name or Surname Mast						
Inventor's Signature			Date //	19/03				
Residence: City Cincinnati,	State OH	Cou	ntry USA	Citizenship USA				
Mailing Address 3907 Lansdowne Avenue								
City Cincinnati	State OH		45236	Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND INVENTOR:	IE OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) NA		Family Name or Surname						
Inventor's Signature			Date					
Residence: City	State	Cou	ntry	Citizenship				
Mailing Address								
City	State	ZIP		Country				
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NAME OF THIRD INVENTOR:	stition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) NA		Family Name or Surname						
Inventor's Signature			Date					
Residence: City	State	Cour	ntry	Citizenship				
Mailing Address								
City State		7IP		Country				